

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jill Boyett

Signature of Treasurer

Jill Boyett

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

11

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		209321.69
(b) Cash on Hand at Beginning of Reporting Period.....	298056.36	
(c) Total Receipts (from Line 19)	16981.11	263341.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	315037.47	472663.64
7. Total Disbursements (from Line 31)	22738.59	180364.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	292298.88	292298.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 01 2015

To:

M M / D D / Y Y Y Y Y
05 31 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13013.33

219944.60

(ii) Unitemized

3967.78

43397.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16981.11

263341.95

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

16981.11

263341.95

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

16981.11

263341.95

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

16981.11

263341.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76.09	337.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76.09	337.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	179500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	162.50	527.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	162.50	527.50
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22738.59	180364.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22738.59	180364.76

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16981.11	263341.95
34. Total Contribution Refunds (from Line 28(d))	162.50	527.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16818.61	262814.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	76.09	337.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	76.09	337.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Aizuss

Mailing Address 16311 Ventura Blvd Ste 750

City State Zip Code
 Encino CA 91436-4325

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : DC7BC684-4BC4-4A6C-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Aaron Appiah

Mailing Address 2280 Wednesday St

City State Zip Code
 Tallahassee FL 32308-4387

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : 39D9323F-9ABA-4A74-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Joe Arterberry

Mailing Address 224 E Broadway, Suite 110

City State Zip Code
 Louisville KY 40202-2016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : DFFD431D-AE4A-4793-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1406.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donald Cinotti

Mailing Address 600 Pavonia Ave Ste 6

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : 606D63F8-A50A-45C7-B

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

B. James Croley III

Mailing Address 613 Del Prado Blvd

City

Cape Coral

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : C9DA2C63-2DFE-4C67-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. James Finegan

Mailing Address 236 Roseberry St

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : 558E8BF8-9E2E-4391-9

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)..... ►

541.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 25
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Thomas Flaherty

Mailing Address 800 1st St

City

Wausau

State

WI

Zip Code

54403-4754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 01 / 2015

Transaction ID : 29D7C31B-B702-4A4B-A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Sidney Gicheru

Mailing Address 440 W Lbj Fwy Ste 300

City

Irving

State

TX

Zip Code

75063-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.69

Date of Receipt

05 / 14 / 2015

Transaction ID : C5E70B96-D8DC-4ED3-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Michael Gilbert

Mailing Address 12301 NE 10th PI Ste 200

City

Bellevue

State

WA

Zip Code

98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

05 / 14 / 2015

Transaction ID : 5E00352C-6050-4C96-8

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

341.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christopher Girkin

Mailing Address 27 Ridge Dr

City

Birmingham

State

AL

Zip Code

35213-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2015

Transaction ID : A694EF17-4F78-41A6-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher Gualtieri

Mailing Address 3969 4th Ave Ste 300

City

San Diego

State

CA

Zip Code

92103-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.06

Date of Receipt

05 / 14 / 2015

Transaction ID : 3A3E43C6-8D51-4E62-8

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

c. Curtis Hagedorn

Mailing Address 4560 montview blvd

City

Denver

State

CO

Zip Code

80207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 02 / 2015

Transaction ID : 1C92672D-817A-4C99-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1530.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jean Hausheer

Mailing Address 29 NW Burr Oak Dr

City

Lawton

State

OK

Zip Code

73507-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

708.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : E9925CFC-5BE1-4B00-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Stephen Higgins

Mailing Address 3412 W Centre Ave

City

Portage

State

MI

Zip Code

49024-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : E4AEE5A4-82E2-49CA-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City

Louisville

State

KY

Zip Code

40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : 52D54160-B9FC-47F0-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City

Louisville

State

KY

Zip Code

40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

05 / 14 / 2015

Transaction ID : DB70589D-9B90-4888-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kenneth Kato

Mailing Address 2020 Fleischmann Rd

City

Tallahassee

State

FL

Zip Code

32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208.35

Date of Receipt

05 / 14 / 2015

Transaction ID : DDD8E44-BBD6-4923-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Judith Kirby

Mailing Address 4209 Bordeaux Ave

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 14 / 2015

Transaction ID : 027807ED-3F01-47EE-9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Lee

Mailing Address 880 Delbon Ave

City State Zip Code
Turlock CA 95382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2015

Transaction ID : 421FA79B-6079-44CD-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mimi Liu

Mailing Address 5 red fox lane

City State Zip Code
greenwood village CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : CD199DBA-778B-4CF7-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ahad Mahootchi

Mailing Address PO Box 1059

City State Zip Code
Zephyrhills FL 33539-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

05 / 14 / 2015

Transaction ID : 14F53EF0-EB76-4EC9-8

Amount of Each Receipt this Period

41.63

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Delia Manjoney

Mailing Address 2720 Main St, 3rd floor

City State Zip Code
 Bridgeport CT 06606-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 12 / 2015

Transaction ID : 076FD642-78DF-42D3-8

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Benjamin Mason

Mailing Address 3108 Waterbury Dr

City State Zip Code
 Cedar Falls IA 50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

05 / 14 / 2015

Transaction ID : 8E02833A-9F56-432A-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 1699 Research Forest Dr Ste 150

City State Zip Code
 Shenandoah TX 77380-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.34

Date of Receipt

05 / 14 / 2015

Transaction ID : F1C045D3-0050-4455-B

Amount of Each Receipt this Period

4.17

SUBTOTAL of Receipts This Page (optional)..... ►

2545.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Ou

Mailing Address 3767 Georgetown St

City

Houston

State

TX

Zip Code

77005-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2015

Transaction ID : D2562186-7C2B-4B7C-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen Petty

Mailing Address 850 E Harvard Ave Ste 155

City

Denver

State

CO

Zip Code

80210-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2015

Transaction ID : F6C853FD-148B-46B0-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Phillips

Mailing Address 521 Marshall Rd

City

Jacksonville

State

AR

Zip Code

72076-3749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 04 / 2015

Transaction ID : 6EF1E4C4-06A6-45D6-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Matthew Reed

Mailing Address 203 Glebe Springs Lane

City Yorktown State VA Zip Code 23693

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 84EE46C9-3D19-4B53-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Ringel

Mailing Address 101A Kings Way W

City Sewell State NJ Zip Code 08080-2233

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 17 / 2015

Transaction ID : 90BB297A-B210-4C22-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Teresa Rosales

Mailing Address 4100 Long Beach Blvd Ste 108

City Long Beach State CA Zip Code 90807-2696

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 20 / 2015

Transaction ID : EDF823CF-A3ED-492F-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jerry Sebag

Mailing Address 7677 Center Ave Ste 400

City State Zip Code
 Huntington Beach CA 92647-3098

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : F43705CE-C821-40BE-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Debra Shetlar

Mailing Address 2002 Holcombe Blvd Ste 112C

City State Zip Code
 Houston TX 77030-4211

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2015

Transaction ID : A513C8CE-1CC1-4AEA-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Prem Subramanian

Mailing Address 600 N Wolfe St, Woods 457

City State Zip Code
 Baltimore MD 21287-0005

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : 406A199E-730C-4E0B-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

771.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rebecca Taylor

Mailing Address 414 Sunnyside Dr

City State Zip Code
 Nashville TN 37205

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : 1360CCB6-5BF1-4B73-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Miguel Torres

Mailing Address 2225 Ponce By Pass Suite 802

City State Zip Code
 Ponce PR 00717

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : BE3B009D-7060-43C4-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Alan Wagner

Mailing Address 5520 Greenwich Rd Ste 204

City State Zip Code
 Virginia Beach VA 23462-6541

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : 9476E088-BEFF-4DDA-A

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City
Seattle

State
WA

Zip Code
98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : 0E10A531-1BC7-4235-A

Amount of Each Receipt this Period

93.75

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.75

13013.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - May 2015

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 31 2015

Transaction ID : 4EAE2FE9D3CACF1D8A1

Amount of Each Disbursement this Period

76.09

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

76.09

76.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Transaction ID : 47336B6394785880F6D

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Garland Hale Barr IV

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

1000.00

Full Name (Last, First, Middle Initial)

B. Andy Harris for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Mailing Address PO Box 426

City	State	Zip Code
Stevensville	MD	21666

Transaction ID : D7B4D1D2C234E56D1CD

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Andrew P. Harris

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

1000.00

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Mailing Address PO Box 8277

City	State	Zip Code
the Woodlands	TX	77387-8277

Transaction ID : 7BCE11B4B945364BC50

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Kevin Patrick Brady

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. MD for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Mailing Address PO Box 80126

City Lafayette	State LA	Zip Code 70598-0126
-------------------	-------------	------------------------

Transaction ID : 1D9734330E5E1A20023

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Charles William Boustany Jr.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Full Name (Last, First, Middle Initial)

B. Charlie Dent for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Mailing Address PO Box 442

City Allentown	State PA	Zip Code 18105
-------------------	-------------	-------------------

Transaction ID : EB1664F01AB99A84EE1

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Charles W. Dent

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Full Name (Last, First, Middle Initial)

C. Friends of Susan Brooks

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Mailing Address 9425 N Meridian Street
237

City Indianapolis	State IN	Zip Code 46260-1308
----------------------	-------------	------------------------

Transaction ID : F0E487B3D5F6C65FC8F

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Susan W. Brooks

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gene PACMailing Address 256 N Sam Houston Pkwy E
Suite 278

City Houston State TX Zip Code 77060

Purpose of Disbursement
2015 Contribution

Candidate Name

Gene PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : A0AA68247D7FB308D00

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
2016 Primary

Candidate Name

S. Brett Guthrie

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ☐ Contribution

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 8587B7E7FFA3CE3C2A9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2018 Primary

Candidate Name

Orrin Grant Hatch

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ☐ Contribution

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 1F2D4C7415E77467FC0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Heidi for Senate

Mailing Address PO Box 1577

City	State	Zip Code
Bismarck	ND	58502-1577

Purpose of Disbursement
2018 Primary

011

Candidate Name

Heidi Heitkamp

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Transaction ID : 8F75EDC0A46D8877831

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kevin Owen McCarthy

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Transaction ID : 84466FB9E500709B71E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kevin Owen McCarthy

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Transaction ID : 4516F75923DA0DBB7F8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus	State OH	Zip Code 43220-8113
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Purpose of Disbursement
2016 Primary

011

Candidate Name

Steve Stivers

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : E362A09B9F8B1B2DE2C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. The Eye of the Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield	State VA	Zip Code 22152-0485
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Purpose of Disbursement
2015 Contribution

011

Candidate Name

The Eye of the Tiger Political Action Committee

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 555A7C9BA7188448A12

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville	State IL	Zip Code 62234-0661
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Purpose of Disbursement
2016 Primary

011

Candidate Name

John M. Shimkus

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : 3418213A2F3FDBDBEE9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

22500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City	State	Zip Code
Seattle	WA	98118-1640

Purpose of Disbursement
Refund of 4/15/15 contribution received

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : BD91C702746D3D71642

Amount of Each Disbursement this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

62.50

62.50
